

TROY EUGENE AMERICAN HORSE # 2319399

Name and Prisoner/Booking Number

PENNINGTON COUNTY JAIL

Place of Confinement

307 St. JOSEPH STREET

Mailing Address

RAPID CITY, SD 57701

City, State, Zip Code

FILED

MAY 05 2017


CLERK

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
WESTERN DIVISION

TROY EUGENE AMERICAN HORSE

(Full Name of Plaintiff)

Plaintiff,

vs.

PENNINGTON COUNTY

PENNINGTON COUNTY JAIL

PENNINGTON COUNTY SHERIFF'S OFFICE

MS. SHILOH MACNALLY

(Full Name of Each Defendant)

Defendants.

Case No. 17-5034

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
BY A PRISONER

JURY TRIAL DEMANDED

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

a. ☒ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983

b. ☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

c. ☐ Other: (Please specify.) _____

2. Name of Plaintiff: TROY EUGENE AMERICAN HORSE

Present mailing address: 307 ST. JOSEPH STREET RAPID CITY, SD 57701

(Failure to notify the Court of any change of address may result in dismissal of this action.)

Institution/city where violation occurred: PENNINGTON COUNTY JAIL

3. Name of first Defendant: PENNINGTON COUNTY The first Defendant is employed as:
COUNTY at STATE OF SOUTH DAKOTA
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: Pennington County is an official county within the State of South Dakota as their county.
4. Name of second Defendant: PENNINGTON COUNTY JAIL The second Defendant is employed as:
a county jail at County of Pennington
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: operating as a county jail under the laws of the State of South Dakota in Pennington county.
5. Name of third Defendant: PENNINGTON COUNTY SHERIFF'S OFFICE The third Defendant is employed as:
AAV LAW ENFORCEMENT OFFICE at PENNINGTON COUNTY OF SOUTH DAKOTA
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: The Pennington County Sheriff's office are law enforcement operating under Pennington County of the state of South Dakota.
6. Name of fourth Defendant: MS. SHILOH MACNALLY The fourth Defendant is employed as:
Lawyer - Attorney-At-Law at Pennington County of the State of South Dakota
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: Ms. Shiloh MacNally is a Court Officer of Pennington County and officer of South Dakota State Bar.

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If your answer is "yes," how many lawsuits have you filed? 0 Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:
- a. Parties to previous lawsuit:
- Plaintiff: 0

Defendants: _____

b. Court: (If federal court, identify the district; if state court, identify the county.) _____

c. Case or docket number: _____

d. Claims raised: _____

e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

f. Approximate date lawsuit was filed: _____

g. Approximate date of disposition: _____

4. Second prior lawsuit:

a. Parties to previous lawsuit:

Plaintiff: _____

Defendants: _____

b. Court: (If federal court, identify the district; if state court, identify the county.) _____

c. Case or docket number: _____

d. Claims raised: _____

e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

f. Approximate date lawsuit was filed: _____

g. Approximate date of disposition: _____

5. Third prior lawsuit:

a. Parties to previous lawsuit:

Plaintiff: _____

Defendants: _____

b. Court: (If federal court, identify the district; if state court, identify the county.) _____

c. Case or docket number: _____

d. Claims raised: _____

e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

f. Approximate date lawsuit was filed: _____

g. Approximate date of disposition: _____

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): THE (8th) EIGHTH CONSTITUTIONAL AMENDMENT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Disciplinary proceedings | <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

The Pennington County violated my rights to the (8th) Eighth Constitutional Amendment of U.S. by not properly checking on their Pennington County Jail to make sure their policies about medical exercise under law of South Dakota will treat any medical patient or inmate who has medical complications to take prescribed orders from their doctors or hospitals on medications to have proper medical care. The Pennington County allowed their county jail to refuse medications and prescriptions by doctor's orders to keep a medical complicated level of Dilaton to maintain a prescribed level to treat my medical complications. The Pennington County allowed their county jail medical staff to supercede or override any doctor's orders of prescribed medication to receive medical care and terminate their orders to deny any medication I need to maintain my medical complication.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

Pennington County cause injury upon my body and mind to get seizures which ruin my body and mind to be medically fit to make life decisions. My criminal matters in court been duressed, to coerce me to plea guilty and waive my rights.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s): THE (8th) EIGHTH CONSTITUTIONAL AMENDMENT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT BEEN VIOLATED

2. Count II involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | |
|--|--|---|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Property |
| <input type="checkbox"/> Other: _____ | | |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

The Pennington County Jail of Pennington County operated in and under their State of South Dakota to violate my rights to be free from cruel and unusual punishment of the (8th) Eighth Amendment of the Constitution. Pennington County Jail refused to obey prescribed orders of my doctor from Sioux San Indian Hospital to maintain my Dilaton level on high to keep me from strokes and seizures. Pennington County Jail refused to give me my prescribed Dilaton as prescribed doses to keep my level high as ordered by my hospital. Pennington County Jail superceded or override my doctor's orders and denied my medication which caused low levels of Dilaton to become even lower to make my body and mind to go through seizures and possible strokes. Pennington County Jail will not give me my prescribed Dilaton and prescribe Dilaton amounts for my level to be high.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

Pennington County Jail caused injury to my mind and body to have seizures and strokes to and through out my life. This jail caused me to make a decision within my criminal proceedings to waive my constitutional rights and imprisoned me for (4) years.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

COUNT III

1. The following constitutional or other federal right has been violated by the Defendant(s): THE (8th) EIGHTH CONSTITUTIONAL AMENDMENT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT BEEN VIOLATED

2. Count III involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Property |
| Other: _____ | | |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

The Pennington County Sheriff's office operated in Pennington County and ran the Pennington County Jail to have correctional officers violate my rights to be free from cruel and unusual punishment of the (8th) Eighth Amendment of the Constitution. The PCSO will not train and make their officers follow medical laws of inmates receiving medical care and medical prescriptions by their hospitals to allow their officers and staff to supercede and override hospital's and doctor's orders to provide me with medication (Dilaton) to be on a high level to keep me from seizures and strokes. I had seizures because the Pennington County Sheriff's Office will not give me my medication (Dilaton) and caused me to go back to the hospital and their sheriff's escorted and received my doctor's orders to receive (5) Dilaton pills to keep my level high. The PCSO kept my medication and refused the staff to give me these medication which gave me more seizures.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

The Pennington County Sheriff's office cause me seizure and stroke injury which I will deal with for the rest of my life. The PCSO caused injury within my criminal proceedings to make a decision when my mind and body suffered affliction so I waived my rights.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count III? ☒ Yes ☐ No
- Did you appeal your request for relief on Count III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

COUNT III (4)

1. The following constitutional or other federal right has been violated by the Defendant(s): THE (8th) EIGHTH CONSTITUTIONAL AMENDMENT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT AND (14th) FOURTEENTH CONSTITUTIONAL AMENDMENT TO HAVE DUE PROCESS OF LAW TO LIFE, LIBERTY, AND PROPERTY.

2. Count III involves: (Check only one; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Medical care | <input checked="" type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Property |
| <input type="checkbox"/> Other: _____ | | |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

THE Attorney Ms. Shiloh MacNally violated my rights to the (8th) EIGHTH Constitutional Amendment to be free from Cruel and Unusual Punishment and the (14th) Fourteenth Constitutional Amendment to have Due Process of Law to Life, Liberty, and Property by not obeying her fiduciary duty to protect me from the Pennington County, Pennington County Jail, Pennington County Sheriff's Office of allowing their (8th) Amendment violation against me. Ms. MacNally did not protect me after these other codefendants refused my medication and allowed to them to keep my medication to cause the mass seizure that ruined my mind and body. Ms. MacNally did not file a competency evaluation with the Court about my physical and mental health affliction caused from medical refusal and made me waive my constitutional rights to plead guilty when I'm not in the right state of mind. She violated my due process of law to Life, Liberty, and Property by denying me to file a motion to the Court for competency evaluation.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

She caused me physical and mental health affliction on my mind and body from medical refusal and cause my criminal matter to have due process for life and liberty to be injured from the right to a fair trial.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

D. REQUEST FOR RELIEF

State briefly what you want the Court to do for you.

I TROY EUGENE AMERICAN HORSE hereby request the Court to award me \$1,000,000.00 dollars apiece from each defendant for causing life damages injury upon my mind and body for the remainder of my life span, this \$1,000,000.00 dollar will be deduct within their insurance policy limits. This one million apiece will help relieve me with all my health complications from physical pain and suffering to mental pain and suffering to future of my life span. I also request the Court to add additional judgment of or to the defendants to provide an apology letter stating encouragement to proceed in life to be having a good welfare for me and my children and loved ones within a safe community. My life is priceless but entitling me one million apiece should guide me to my end.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

5/1/17
DATE

Troy Eugene American Horse
SIGNATURE OF PLAINTIFF

MICHEAL LYNN MERRIVAL JR

(Name and title or paralegal, legal assistant, or other person who helped prepare this complaint)

Mikki Mogensen
5/1/17

my commission expires
12/6/22

(Signature of attorney, if any)

(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.